

SAMPLE RESOLUTION

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

RESOLUTION FOR INCLUSION UNDER GROUP LIFE INSURANCE

RESOLVED, by the Town Board of the Town of Anywhere
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Chapter 40 of the Wisconsin Statutes such Town Board hereby determines
(Governing Body)

to be included under the following group life insurance program(s) provided by Chapter 40 of the Wisconsin Statutes for its eligible personnel:

Check box(es) for coverage desired:

- ☒ Basic Group Life Insurance
☐ Supplemental Group Life Insurance

Additional Group Life Insurance

- ☐ Unit 1
☐ Units 1 and 2
☐ Units 1, 2 and 3

- ☐ Spouse and Dependent Group Life Insurance
☐ Amount of insurance for any insured employee who attains age 65 on or after
the effective date of this resolution shall be 50% rather than 25%

BE IT FURTHER RESOLVED, that the proper officers are herewith authorized and directed to take all actions and make such deductions and submit such payments as are required by the Group Insurance Board of the State of Wisconsin to provide such group life insurance.

BE IT FURTHER RESOLVED, that the Town of Anywhere WRS Agent submit a certified copy of this resolution
(Employer Name)

to the State of Wisconsin Department of Employee Trust Funds.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the

Town Board of the Town of Anywhere on the 1 day of March,
(Governing Body) (Employer Name)

2005 and that said resolution has not been repealed or amended, and is now in full force and effect. Dated this 1 day of March,
2005

I understand that Wis. Stat. 943.395 provide criminal penalties for knowingly making false and fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Employer Identification Number (EIN) 69-036-0000-000

Betsy Ross
WRS Agent Signature

Board President
Title

1234 Main Street

Anywhere, WI 53456

Mailing Address

Telephone Number (608) 123-4567

Number of eligible employees: 10

The resolution shall be effective on the 1st of the 4th month after receipt in the office of the Department of Employee Trust Funds

For ETF Use Only
EFFECTIVE DATE OF COVERAGE ENTERED BY ETF:

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

RESOLUTION FOR INCLUSION UNDER GROUP LIFE INSURANCE

RESOLVED, by the _____ of the _____ of _____
(Governing Body) (Employer Legal Name)
that pursuant to the provisions of Chapter 40 of the Wisconsin Statutes such _____ hereby determines
(Governing Body)
to be included under the following group life insurance program(s) provided by Chapter 40 of the Wisconsin Statutes for its eligible personnel:

Check box(es) for coverage desired:

- ☐ Basic Group Life Insurance
☐ Supplemental Group Life Insurance

Additional Group Life Insurance

- ☐ Unit 1
☐ Units 1 and 2
☐ Units 1, 2 and 3

- ☐ Spouse and Dependent Group Life Insurance
☐ Amount of insurance for any insured employee who attains age 65 on or after
the effective date of this resolution shall be 50% rather than 25%

BE IT FURTHER RESOLVED, that the proper officers are herewith authorized and directed to take all actions and make such deductions and submit such payments as are required by the Group Insurance Board of the State of Wisconsin to provide such group life insurance.

BE IT FURTHER RESOLVED, that the _____ WRS Agent submit a certified copy of this resolution
(Employer Name)
to the State of Wisconsin Department of Employee Trust Funds.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the
_____ of the _____ of _____ on the ____ day of _____,
(Governing Body) (Employer Name)
_____, and that said resolution has not been repealed or amended, and is now in full force and effect. Dated this ____ day of _____,
_____.

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false and fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Employer Identification Number (EIN) 69-036-_____

WRS Agent Signature Title

Mailing Address

Telephone Number (_____) _____

Number of eligible employees: _____

The resolution shall be effective on the 1st of the 4th month after receipt in the office of the Department of Employee Trust Funds

For ETF Use Only
EFFECTIVE DATE OF COVERAGE ENTERED BY ETF:

Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931

EMPLOYER RESOLUTION TO PAY ENTIRE PREMIUM FOR:

Check box(es):

- ☐ Basic Group Life Insurance
- ☐ Supplemental Group Life Insurance
- ☐ Additional Group Life Insurance
- ☐ Unit 1
- ☐ Units 1 & 2
- ☐ Units 1, 2, & 3
- ☐ Spouse and Dependent Group Life Insurance

I hereby certify that pursuant to Wis. Stat. 40.05 (6)(e), a resolution to pay the entire group life insurance premium for the plan(s) indicated above was duly made by the

(Governing Body)

of the _____
(Employer Name)

Employer Identification Number (EIN): 69-036- on

_____.
(Date Action Taken)

I understand that Wis. Stat. 943.395 provides criminal penalties for knowingly making false or fraudulent statements on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.

Date (MM/DD/CCYY)	WRS Agent Signature	Title

(For ETF use only)

Effective Date of Coverage entered by ETF:
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